Foster Family Home - Corrective Action Report

Provider ID:

4-150078

Home Name:

Christina Kealoha, CNA

Review ID:

4-150078-3

119 Anamuli St.

Reviewer:

Sue Lo

Kahului

HI 96732

Begin Date:

7/26/2017

End Date: 8 8 20 1

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 7/26/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/26/2017

6 (d)(1) see applicable sections of this review.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Fingerprinting document not present in the home for CG#2.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(5)

Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5) Confidentiality/Privacy Training documentation not present in the home for CG#2 and CG#4.

Compliance Manager

Primary Care Giver

Date

Date

7/26/2017 19:13 PM

7.1. (a)(1) CG#2 Completed Fingerprinting on 8/4/2017. Prevention plan. Results kept in binder permanently.

13.1.(b)(5) The home provided training to CG#2 & CG#4 on 7/27/2017 for confidentially & privacy policies & procedures according to HIPPA. This won't happen again in the future because the home will train all SCG & HHM regarding confidentially & privacy policies & procedures training.

Sincerely,

Christina Kealoha 119 ANAMULI STREET KAHULUI, HAWAII 96732